

# Winter Tot Programs

## at Croydon Creek Nature Center

These programs are intended to provide special one-on-one time for you and your child (ages 2-5). Adult participation is required. Register online at [rockenroll.rockvillemd.gov](http://rockenroll.rockvillemd.gov) or drop off the form on the back to the nature center or any city recreation facility.

### Nature Tots

A naturalist will help you explore a new nature topic through nature play, crafts, stories and hikes. Dress for the weather.

**10-11:30 a.m. on select Thursdays and Saturdays.**

**Cost: \$8 for Rockville residents / \$10 non-residents.**

		Course
Jan. 28	Winter Wonders	#53939
Feb. 13	Owls	#53940
Feb. 25	Foxes	#53941
March 5	Frogs & Toads	#53942
March 24	Welcome Spring	#53943

### Bookworms

We'll read a new story and you'll get a copy of the book to take home. May include a craft or hike.

**Sundays, 1:30-2:15 p.m. Cost: \$10R/\$12NR.**

Feb. 28	Over and Under the Snow	#53389
March 13	Little Lost Owl	#53390

### Critters Up Close

This is for all of the animal lovers who want to take a closer look at some of the amazing animals that live at the nature center. Each program will feature a different live creature and include a live animal interpretation and craft. Ages 2-6.

**Saturdays; 10-10:30 a.m. Cost: \$3R/\$5NR.**

Jan. 23	#53953
Feb. 27	#53954
March 12	#53955

# City of Rockville ❖ Registration Form

## MAIN CONTACT: \*required information

\*Primary Phone: \_\_\_\_\_ ☐ Check here if new address/phone since last time registered.

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_ DOB: / / Sex: M/F

\*Address: \_\_\_\_\_

\*City/State/Zip \_\_\_\_\_

\*Secondary Phone \_\_\_\_\_ \* Email Address: \_\_\_\_\_

## EMERGENCY CONTACT: (other than parent or adult participant)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_

## PARTICIPANTS:

Name (Last, First)	Sex M/F	Birthdate M/D/Y	Activity/ Class Name	Course #	School Attending	Sch.Yr. '15-'16 Grade	Fee

Rec Fund: \$ \_\_\_\_\_ Sr. Ctr. Mem: \$ \_\_\_\_\_ Multi-Course Discount: \$ \_\_\_\_\_  
 \$10 \_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ Other \$ \_\_\_\_\_ Contribution to Recreation Fund Youth Scholarship: \$ \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

Special Needs: Participants with special needs should contact our office three weeks prior to activity.

## Release, Waiver, Assumption of Risk and Consent

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program.

\*Signature of Participant/Guardian \_\_\_\_\_

## PAYMENT

Amount Paid \$ \_\_\_\_\_ Cash ☐ Check # \_\_\_\_\_

☐  ☐  \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature (name on card) \_\_\_\_\_

## OFFICE USE ONLY:

Check \_\_\_\_\_ Cash \_\_\_\_\_ Charge \_\_\_\_\_

Other \_\_\_\_\_

Processed by:

Date Processed:

Total Paid: \$